

# First Responder Application

NATIONAL REGISTRY



## The National Registry of Emergency Medical Technicians

I am submitting this application to test at

Name of Facility \_\_\_\_\_ in \_\_\_\_\_ City \_\_\_\_\_  
on \_\_\_\_\_ State \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

### Office Use Only

F									
Date Received									
Written Exam Date									

Application Date

Social Security Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Have you ever applied for NREMT First Responder Registration? ☐ Yes ☐ No

If you possess current state certification as a First Responder, list your current state First Responder certification number in the space provided and attach a copy of your current state First Responder card

**Current First Responder Number**  
Please attach copy of card

Last Name

First Name

MI

\_\_\_\_

\_\_\_\_

\_\_\_\_

Mailing Address

\_\_\_\_

Program Code

\_\_\_\_ - \_\_\_\_

City

State

Zip Code + 4

Gender

☐ Male  
☐ Female

Date of Birth

\_\_\_\_

\_\_\_\_

\_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**APPROVED FIRST RESPONDER COURSE:** Applicant must have completed an approved First Responder program that equals or exceeds the objectives of the National Standard First Responder Curriculum. Attach a copy of your course completion or a copy of your current First Responder card. If your initial First Responder training program is more than 24 months old and you hold current state certification as a First Responder, you must document completion of 12 hours of approved First Responder refresher training within the past 24 months and attach official documentation to this application.

Name of initial training institution or agency

Street Address

City

State

Zip Code

Initial Course Instructor/Course Coordinator

Course Completion Date

Classroom Hours

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_

Refresher Course Instructor/Course Coordinator

Refresher Completion Date

Classroom Hours

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_

What is the highest level of education you have completed?

- ☐ Did not complete high school  
☐ High school graduate/GED  
☐ Associate degree  
☐ Bachelor's degree  
☐ Graduate degree

Please indicate the type of First Responder service you are or will be affiliated with (mark all that apply)

- ☐ Fire Department ☐ U.S. Government  
☐ Private ☐ Army  
☐ Hospital-Based ☐ Navy  
☐ 3rd-Service ☐ Air Force  
☐ Volunteer ☐ Coast Guard  
☐ Other

Will you be paid for your services as a First Responder?

- ☐ Yes  
☐ No  
☐ Not yet affiliated

Ethnic Origin

- ☐ Native American  
☐ Asian  
☐ Black  
☐ Hispanic  
☐ White  
☐ Other

### Licensing Action and Felony Conviction

- ☐ Yes ☐ No  
☐ Yes ☐ No

Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?  
Have you ever been convicted of a felony?

*If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.*

**Candidate Statement and Signature:** I hereby affirm and declare that the above information on this application is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent revocation. I further agree to abide by all policies and procedures of the National Registry of EMTs, and hereby authorize the NREMT to release my examination scores to the teaching institution/agency, any state office of emergency medical services, or any agency authorizing the legal right to practice. I further permit the NREMT to release my current status (registered or not registered) with the NREMT to the public 30 days following mailing of my test scores.

Applicant Signature

### Statement of Competency in First Responder Skills

As the First Responder training program director of education, I verify that \_\_\_\_\_  
has been examined and performed satisfactorily so as to be deemed competent in the following skills: (Candidate's Name)

Trauma Patient Assessment/Management  
Bleeding Control/Shock Management  
Upper Airway Adjuncts and Suction

Mouth-to-Mask Ventilation  
One and Two Rescuer CPR

Infant CPR  
Unresponsive Adult Obstructed Airway

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_ Telephone # \_\_\_\_\_

## National Registry of Emergency Medical Technicians First Responder Entry Requirements

1. Successfully complete, within the past 24 months, an approved National Standard First Responder education program, as developed and promulgated by the U. S. Department of Transportation.  
Candidates who are currently educated and state licensed/certified as First Responders are eligible provided they have completed a USDOT First Responder education program within the past 24 months.  
Candidates who completed the First Responder education program more than two years ago and are currently state licensed/certified must have completed the First Responder Refresher Program within the past 24 months.  
Candidates who completed the First Responder education program more than two years ago and are not currently state licensed/certified must complete another entire First Responder education program.
2. Candidates are required to successfully complete, within the past 24 months, all sections of an approved First Responder practical examination that equals or exceeds the criteria established by the U.S. Department of Transportation, First Responder Final Practical Skills Exam, Appendix "H"; and CPR, including One and Two Person CPR, Infant CPR, and Unresponsive Adult Obstructed Airway.  
Candidates in states which license/certify First Responders must complete the practical examinations approved by the state
3. A non-refundable/non-transferable application fee of \$20.00 (money order or institutional check), payable to the National Registry of Emergency Medical Technicians, must be submitted with the application to cover processing of the application.
4. Successfully complete the above requirements and the National Registry First Responder written examination

### Checklist for Submitting an Application for the National Registry First Responder Examination Process

1. Have you and/or your training program director of education signed the application? **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
2. Have you or your training program director of education attached to this application official documentation of successful completion of state-approved First Responder training which meets or exceeds the behavioral objectives of the current First Responder National Standard Curriculum?
3. Have you filled in all the information requested on the application, including the licensing action and felony statement?
4. Have you attached a check or money order in the appropriate amount to this application? All attempts of the written examination require the submission of a non-refundable, non-transferable \$20.00 check or money order.
5. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
6. For more information please visit our website at <http://www.nremt.org> or contact us via telephone at (614)888-4484

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.